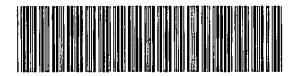
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	1AIL
(Business Entity Name)	
· .	
(Document Number)	
Certified Copies Certificates of Status _	 -
Special Instructions to Filing Officer:	

Office Use Only



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Ra Resignation

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COVER LETTER

TO: Registration Section Division of Corporations

U.S. CORPORATE GROUP/TRUST, LLC SUBJECT:		
Name of Limited Liability	Company	
DOCUMENT NUMBER: M15000006370		
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are	submitted
Please return all correspondence concerning this matter to t	he following:	
Invoice Team		
Name of Person	-	
COGENCY GLOBAL INC		
Name of Firm/Company	-	
850 New Burton Rd Suite 201		
Address	-	
Dover, De 19904		
City/State and Zip Code	-	
invoices@cogencyglobal.com		क्रिक रेंद्री
E-mail address: (to be used for future annual report notification)	•	030
For further information concerning this matter, please call:		
Invoice Team 866	621-3524	n -
Name of Person Area Code	Daytime Telephone Number	2: 02

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	5, Florida Statutes, the unde	ersigned,	
COGENCY GLOBAL INC		. hereby resigns as	
Name of Registered Age			
Registered Agent for U.S. CORPORATE	GROUP TRUST, LLC		
		,	
Name of Lin	nited Liability Company		
M15000006370			
Document Number, if known			
A copy of this resignation was mailed to the a	above listed limited liability	company at its last known address.	
The agency is terminated and the office disco	ontinued on the 31st day after	er the date on which this statement is filed.	
Kz	rystal Beckner Signature of Resigning Agent		
	Signature of Resigning Agent		
If signing on behalf of an entity:		2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	
Krystal Beckner			Ξ.
T	Typed or Printed Name		:-\ :=
Assistant Secret	tary	- · · ·	
	Capacity		7
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		n? 10	; <u> </u>
FILING	FEES:	<u>ئى</u> ئىن	;
\$ 85.00 \$ 25.00	Active limited liability of Administratively dissolve withdrawn limited liabil	ompany ed/ voluntarily dissolved/ ity company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314